DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, California 95814

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<tr><td colspan="2"><u>REASON</u> <u>FOR</u> <u>THIS</u> <u>TRANSMITTAL</u></td></tr>
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ALL-COUNTY INFORMATION NOTICE I-96-01

TO: ALL PUBLIC ADOPTION AGENCIES
     ALL PRIVATE ADOPTION AGENCIES
     ALL CDSS ADOPTIONS DISTRICT OFFICES

SUBJECT: ADOPTIVE APPLICANT, CHILD ASSESSMENT AND CASE PLANNING
          CHECKLISTS FOR CROSS-JURISDICTIONAL ADOPTIVE PLACEMENTS

This all-county information notice is intended to provide counties, private adoption agencies and the California Department of Social Services Adoptions District Offices with checklists to use in the planning of cross-jurisdictional placements.

The Department convened a task force consisting of representatives of the California Welfare Directors Association and Department staff to facilitate compliance with the requirements of the Adoption and Safe Families Act of 1997 (ASFA) and Assembly Bill 2773 (Chapter 1056, Statutes of 1998), specifically related to cross-jurisdictional placements. At the request of the task force, checklists were developed to be used as guidelines. The checklists are based on regulations and best practices to aid in the provision of cross-jurisdictional adoption services planning by creating more standardized practices. We hope that these checklists will minimize duplication of documentation while at the same time increase the acceptance of prospective adoptive parents' homestudies from other jurisdictions.

If you have any questions, please contact Myrna Hernandez, Concurrent Planning Policy Consultant, at (916) 322-4228.

Sincerely,

SYLVIA PIZZINI, Deputy Director
Children and Family Services Division

Enclosures

CHECKLIST
Guidelines for Review of
APPLICANT(S) ASSESSMENT (for adoption)

(Include a copy of California Regulation Section 35181 when providing this Checklist to another agency.)

Child's Name:_____ Siblings' Names:_____

_____

Adoptive Parents' Names: _____

Checklist completed by:_____ Date:_____ Phone:_____

☐ Checklist completed   ☐ Additional information needed

✓ **Identifying Information**

☐ Full name including maiden name and aliases, place of birth, date of birth
☐ Addresses and telephone numbers for home and employment
☐ Gender, cultural background, languages spoken, religious affiliation
☐ Educational background
☐ Occupation
☐ Applicants relationship to child(ren) being adopted

✓ **Criminal Background Check (CBC) + Child Abuse Index Check Results (CAIC)**

☐ Applicant 1.   ☐ CBC ☐ CAIC ☐ FBI   Applicant 2.   ☐ CBC ☐ CAIC ☐ FBI

☐ Other Adult 1. ☐ CBC ☐ CAIC ☐ FBI   Other Adult 2. ☐ CBC ☐ CAIC ☐ FBI

☐ Medical Report or Health Questionnaire for each applicant*
  (to be completed no more than six months prior to application for adoption)

Comment: _____

_____

☐ Tuberculosis Clearance Certificate for each adult residing in the home
☐ Medical Summary for each child in the home*

✓ **Current Situation**

☐ Marital Relationship
☐ Motivation to Adopt: previous adoptions, adjustment of family to adoption
☐ Attitude towards: Open Adoption, Telling the child about adoption, Value of the birth family, Importance of medical information (existing relationship between applicant and birthparent and if applicant would consider a post-adoption contact agreement)
☐ Treatment of animals/pets
☐ Willingness to maintain contact with siblings or birth parents
☐ Understanding of child's physical, emotional, developmental needs
☐ Children's attitudes towards adopted child
☐ Age/gender/ethnicity of child desired
☐ Willingness to be Permanency Planning Family

✓ **Psychosocial History of Applicants**

❑ Stability of childhood
❑ Past use/abuse of chemical substances
❑ Occurrence of physical/sexual abuse
❑ Emotional victimization/exposure to domestic violence
❑ Resolution of infertility issues, is applicable

✓ **Financial / Legal**

❑ Verification of Employment: length of employment or recent tax return if self-employed
❑ Verification of marital status _____ prior marriages _____ verification of dissolution
❑ Understanding of financial responsibilities and legal rights related to adoption
❑ Interest in AAP
❑ Plan in event of death

✓ **All Other Adults and Children in the Home**

❑ Names, DOBs, genders and nature of relationship to applicants
  (Same for all children of applicants not living in the home)

Comment:_____

_____

✓ **Home Environment**

☐ Safety of home-precautions taken related to hazards
☐ Appropriate play area and adequate furniture
☐ Knowledge of community resources
☐ Available social support network
☐ Interest / participation in recreation and leisure activities

✓ **Applicants' Parenting Practices + Disciplinary Methods + Knowledge of Child Development**

Comment:_____

_____

✓ **Other**

❑ Results of three reference checks
❑ Results of check of applicants driving records
❑ Summary of a review of recent school report cards on children living in the home
❑ Three interviews with applicants
❑ Date of physical placement of child in the home and adjustment to family

Comments/notes:

*to be completed by a licensed physician, nurse practitioner or physician assistant

CHECKLIST
Review of
CHILD ASSESSMENT

(Include a copy of California Regulations Section 35127.1 and 35127.2 when providing this checklist to another agency.)

Child's Name:_____ Siblings' Names:_____

_____

Adoptive Parents' Names: _____

Checklist completed by:_____ Date: _____ Phone: _____

☐ Checklist completed   ☐ Additional information needed

✓ **Identifying Information**

☐ Full name and place of birth
☐ Gender, age, race, ethnicity
☐ Religious and/or cultural background
☐ Languages spoken by child
☐ Birth Certificate

✓ **Court Information**

☐ Juvenile Court Status _____
☐ Available court report _____

✓ **Medical / Psychological Information**

☐ Recent Medical Assessment
☐ Medications prescribed
☐ Conditions under treatment or requiring further evaluation
☐ Physical disabilities

Comment:_____

_____

_____

☐ Developmental Information
☐ Birth parent's use of drugs or alcohol during pregnancy
☐ Psychological/Emotional/Behavioral Information
☐ Childhood history of severe or sustained physical, sexual or emotional abuse

Comment:_____

_____

_____

✓ **Scholastic Information**

☐ Level of education and issues/problems
☐ Individual Educational Plan, if applicable ☐ not applicable

Comment:_____

_____

_____

✓ **Family Life History**

☐ Nature of Relationship with Extended Relatives and Siblings
☐ Benefit or not from maintaining contact with relatives/siblings
☐ Birth parents' history of mental illness
☐ Birth parents' history of addiction to chemical substances
☐ Birth parents' significant medical, psychological and social history
☐ History of victimization / traumatization

Comment:_____

_____

_____

✓ **Other**

☐ Readiness to be Adopted
☐ Information indicating further evaluation of child's needs is indicated
☐ Placement history
☐ Financial resources (SSI, Regional Center, etc.)

Comment:_____

_____

_____

☐ AAP-eligible
☐ Services needed for the child

Comment: Medical: _____

Psychological: _____

Equipment: _____

Behavioral: _____

Educational: _____

Comments/notes:

CHECKLIST
FOR
PLACEMENT CASE PLANNING

Child's Name:_____ Siblings' Names:_____

_____

Adoptive Parents' Names: _____

Checklist completed by:_____ Date:_____ Phone:_____

✓ **ICPC Process**
☐ Required
☐ Completed

✓ **Written Assessment of the Child**
☐ Received
☐ Reviewed
☐ *Checklist completed

Comment: _____

_____

✓ **Written Assessment of the Prospective Adoptive Parents**

☐ Checklist Completed   ☐ Additional information needed

Comment: _____

_____

✓ **Adoption Assistance Program**

☐ Adoption Placement Agreement signed
☐ Payment Amount Determination
☐ AAP Agreement Signed
☐ Supervision of the Adoptive Placement Arranged

Comment: _____

_____

☐ **Child's Medical / Psychological Background Information**
     (to be provided to Adoptive Parents)

Comment: _____

_____

_____

☐ **Plan for + Coordinate of Child's Special Needs/Resources**   ☐   **No Special Needs**

Need	**Resource**	**Funding**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

✓ **Plan for + Coordination of Medical Coverage**

☐   Medicaid Documentation   ☐   Receiving state ICAMA member**
☐   Private Insurance Documentation   ☐   Other

Comment:_____
_____

✓ **Interim Foster Care Payment Plan**

☐   Determine payment
☐   Arrange for payment
☐   Informed adoptive parents

Comment:_____

☐ **Termination of Parental Rights Documentation Obtained**

Comment:_____

☐ **Final Court Report is complete**   ☐   **Sibling contact arrangement**
                                           ☐   **Kinship Adoption agreement**
Comment:_____

☐ **Finalization of the Adoption**   **Expected Date**: _____

Comment:_____
_____

☐ **Post-Adoption Services**

Comment:_____
_____

Services Needed	**Service Provider**
_____	_____
_____	_____
_____	_____

Comments/Notes:

- *the review checklist for the child assessment has been completed
- **Receiving state is a member of the Interstate Compact for Adoption and Medical Assistance